



2005 National Student/Parent Mock Election

Governor & General Assembly

Thursday, November 3, 2005



NJ's Student/Parent Mock Election Enrollment Form for Schools and School Districts

Please be advised that any information you supply will only be used by the NJ Division of Elections National Student/Parent Mock Election and NSPME state coordinators for conducting the state and national NSPME mock election program.

Your name: _____

E-mail address: _____

Essential Information:

I will be participating in the NSPME primarily as a:

☐ Classroom teacher conducting a mock election

☐ School mock election coordinator

☐ District mock election coordinator

☐ Other

My work telephone: (____) _____ Ext.: _____

My work mailing address: _____

My work street address (If different from above): _____

City: _____ State: _____ Zip: _____

Fill out the following as they apply to you and your role in NSPME 2005 to the best of your knowledge.

Name of your school: _____

Name of your principal: _____

Name of your school district: _____

City: _____ State: _____ Zip: _____

Name of your superintendent: _____

Name/Title of your school coordinator: _____

Name/Title of your district coordinator: _____

My home telephone (optional): (____) _____

Estimate, if you can, how many of your students are likely to vote in the mock election? _____

Fax (609) 777-1280 or mail to:

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